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Title: Service providers' experiences and views on the mental health and well-being services for Syrian refugees in Coventry and Warwickshire.

Short title: *Service evaluation for Syrian refugees.*

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Abstract:

***Objectives**:* Previous literature demonstrated that even when mental health and psychological support services are available for refugees, obstacles in accessing services may still be present. This is the first known study to explore the experiences of mental health and well-being services for Syrian refugees in Coventry and Warwickshire, United Kingdom. The main objective of the research was to investigate service providers' views and perceptions on the current mental health and well-being services provided for this population.

***Methods**:* Eight service providers participated in semi-structured interviews and focus-groups and the data were analysed using Thematic Analysis.

***Results**:* Three main themes that emerged from analysis of the data were: "Positive Aspects of Service Delivery," "Service Challenges" and "Recommendations for Service Improvements and Quality."

***Conclusion**:* The findings bring to the fore specific gaps in current provision and interpreting services. Recommendations for proposed improvements in service provision and policy, as well as clinical implications are included in this article.

Keywords:

Service evaluation, mental health provision, Syrian refugees.

Data availability statement:

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Service Providers' Experiences and Views on the Mental Health and Well-Being Services for Syrian refugees in Coventry and Warwickshire

Introduction and Background

The Syrian Vulnerable Persons Resettlement Scheme (VPRS) has highlighted the lack of understanding and response to the mental health needs of refugees, especially for those who have experienced traumatic experiences because of conflict, gender-based violence and torture (Inglis & Wright, 2018).

The city of Coventry in the United Kingdom (UK) has a long tradition of welcoming refugees and providing sanctuary. It has become one of the major cities in the UK for the resettlement of Syrian and refugees from Arabic speaking countries, after the city joined the VPRS in 2014 (Coventry City Council, 2011; Phillips et al., 2018). However, the local services struggle to meet the demands of this vulnerable group. It is mainly voluntary organisations, which support refugees and asylum seekers (Phillips et al., 2018). Currently, counselling and art therapy on a limited scale is provided to refugees by the Coventry Refugee and Migrant Centre (CRMC). CRMC is a non-governmental organisation (NGO) that depends on external funding to be able to provide its "tier 2"[1] level services to beneficiaries aged 18 years and above.

Over the past several years, there have been many efforts to improve services for the needs of this vulnerable group. Previous qualitative research conducted in Coventry and Warwickshire indicated that institutional prejudice and discrimination, media and culture contributed to the marginalisation of refugees within the society (Brown et al., 2016). It was also reported that systemic barriers have substantially affected provision. These included austerity measures in the National Health Service (NHS), longer referral times, the

[1] Targeted services, including early intervention, MIND Mental Health Charity and services for Looked-After Children (LAC).

introduction of clustering systems in adult mental health and lack of expertise (Brown et al., 2016). The lack of cultural appropriateness of western treatment modalities has been also highlighted. In line with this, it was previously demonstrated that health care provided to asylum-seekers in the UK tended to be medically driven, rather than holistic in its approach and culturally and gender-sensitive as previous research has recommended (Liebling et al., 2014). Contrary, it has been previously argued that cultural adaptation of the original evidence-based treatment modalities is key and intervention protocols should be modified by considering language, culture, and context, but also the client's cultural meanings and values (Sijbrandij et al., 2017). The World Health Organization (WHO) (2018) has identified service evaluations for planning and provision as a key priority action area regarding the mental health of refugees and migrants. Previous research has found that best working practices for refugees is scarce and there is a lack of research regarding how well existing services respond to the needs of refugees (Pourgourides, 2007). In a similar vein, regarding a mental health needs assessment and service review for refugees and asylum seekers, Inglis and Wright (2018) stressed the lack of up-to-date data regarding the services provided to refugees in Coventry. Access to and provision of specialist mental health services for vulnerable migrants, refugees and children was identified as one of the major areas for improvement in this Coventry migrants' needs assessment (Phillips et al., 2018). In response to the gaps of the existing provision, a new Migrant Resilience and Well-being Service (MRWS), in Coventry and Warwickshire NHS Partnership Trust was established and named the Swan Centre located in Coventry in 2019. It aims to support refugees and asylum-seekers increase resilience whilst coping with the challenges of the asylum-process, resettlement, empowerment, and recovery (Liebling et al., 2018). With the establishment of the new service, there was a need to address the challenges in the existing provision to continue to make improvements that will inform the newly established service.

Rationale for Research

Previous research revealed that refugees were hesitant to make criticisms of the care they received due to fears of retribution and being regarded as ungrateful (Liebling et al., 2014). Local research regarding staff's experiences of working with refugees also identified a knowledge gap amongst staff (Guhan & Liebling-Kalifani, 2011). Exploration of service providers' experiences and views on the current mental health and well-being services provided for Syrian refugees in Coventry was therefore crucial. Service providers constituted participants with experience in either providing or planning provision of services to refugees, particularly Syrian refugees in the re-settlement scheme. Through eliciting service providers' voices, this research aimed to highlight the challenges and gaps in the existing provision; it is hoped that it will contribute new knowledge and data which could be utilised for future evidence-based advocacy as well as improvement of holistic, culturally, and gender-sensitive mental health and well-being services which will be more responsive to the needs of refugees. The current literature in this area has provided key information on the well-being and mental health services provided for refugees in the region. To the best of the researchers' knowledge, no previous research has been conducted which, explores the experiences of mental health and well-being services specifically for Syrian refugees in Coventry. Hence, there was a need to bring to light the gaps and challenges in the existing provision to provide new knowledge and data that will inform the new service working in collaboration with local service providers and based at the Swan Centre.

In addition, this research aimed to give the opportunity for service providers' voices and experiences to be utilised. In line with this, the research used a Thematic Analysis methodology. An approach which was sensitive to gender inequalities in service provision was employed. Table 1 includes the research questions which were developed to aid the aim of the research.

Participants

The current study was limited to service providers' experiences and views. Participants met the inclusion criteria if they provided or planned provision of services to refugees and particularly Syrian refugees in the re-settlement scheme, including psychologists, Cognitive Behavioural Therapy (CBT) therapists, medical doctors, counsellors, public health, and community services staff. Table 2 summarises the participant demographics.

Recruitment

The study used purposeful sampling of service providers from a variety of services, with different experiences of either providing or planning provision of services to refugees and particularly Syrian refugees. Contact email addresses of service providers were provided by one of the authors who has been involved in planning specialised service provision for Syrian refugees. Nineteen service providers were invited by email to take part in the research and were asked to respond if they were interested. The first email was sent in February 2019. Information about the study was also included in the first email for potential participants. Participants had the option to participate in an individual interview or a focus-group. Five participants initially expressed their interest in participating following the first email that was sent. Three more participants expressed their interest by responding to a follow-up email that was sent in March 2019. One participant was excluded due to their late response which was received following the completion of the data collection process. In total, eight participants were recruited from Coventry and Warwickshire Partnership Trust (CWPT), Public Health and Coventry University in the UK. Those who were invited to participate in the research met the above criteria. A pilot interview with a researcher with research interests in the subject area took place first.

Methodology

Design

To address the gaps and challenges in the existing mental health and well-being services for Syrian refugees in Coventry and make recommendations for future improvements, it was decided that this research should focus on each service provider's experiences and views on the current services. Therefore, the aim was to explore service providers' experiences and views to reflect the gaps and challenges in the existing service provision for Syrian refugees. For this reason, a direct realist approach to knowledge generation was adopted as it was assumed that service providers' experiences and views would reflect their reality (Willig, 2013). In this context, it was agreed that Thematic Analysis was a particularly well-suited method to provide important themes relevant to the research question under investigation and was compatible to the researchers' epistemological orientation.

Thematic Analysis is a theoretically flexible and useful approach which allows the researcher to analyse qualitative data. The six-phase guide to carrying out Thematic Analysis by Braun and Clarke (2006) was followed.

To provide a rich and detailed account of the data, the themes and patterns within the data were identified in a bottom-up way. The analytic process involved a rich description of patterns in semantic content to interpret significant patterns, their meanings, and implications (Braun & Clarke, 2006; Patton, 1990). Finally, to capture service providers' experiences and meanings in a straightforward and simple way, a direct realist approach was followed.

Materials

A semi-structured interview schedule was developed by the researchers, which can be found in Table 3. Table 4 includes the questions' prompts which were given to participants in case they struggled to respond to some of the questions (Jacob & Furgerson, 2012). To

minimise any potential pitfalls, a pilot interview was carried out first. No procedural or other changes were made as a result of the pilot interview. At the beginning of each interview, some general questions were asked to open the discussion and make the participant feel comfortable.

Interview Procedure

Four individual interviews and two focus-groups were conducted. All interviews took place at a mutually convenient time and place as agreed with the participants. Two focus-groups and two interviews took place in CWPT buildings within the region, an interview took place at the Coventry City Council and another interview took place at a local university.

The individual interviews lasted from approximately 25 minutes to approximately an hour and 10 minutes. Focus-groups lasted from approximately 56 minutes to approximately one hour and 23 minutes. The duration of the interviews depended on how much the participants wished to talk, and each focus-group had two participants. The interviews were audio-recorded using a dictation machine. Participants were given the time to read the participant information sheet and ask any questions they may had. Additionally, consent forms and demographic information sheets were completed prior to the interview.

Ethical Approval

This research has been reviewed and approved by the NHS Standards and Compliance Team of the Safety and Quality Department. Also, permission was granted by the Supervisory Committee of the Department of Psychology at the University of Warwick.

Standards and Guidelines

This research was conducted in line with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2014). Also, ethical procedures were followed according to the guidelines of the CWPT Standards and Compliance Team of the Safety and Quality Department and in line with the GDPR Regulation.

Informed Consent, Right to Withdrawal, Confidentiality and Debrief

Participation was voluntary and participants had the right to refuse to participate. All data remain confidential and are stored on a CWPT network drive. Audio-recorded data were stored securely on a CWPT network drive until the completion of the transcription process. All data collected will be stored for 10 years. All data collected and data analysis will remain strictly confidential with the existing data-controller, in this case, CWPT. Participants were asked to give permission for the use of verbatim quotes in the reporting of the results. Due to space limitations, additional verbatim quotes are included in appendices which can be found in the supplementary material (see Open Science section). Importantly, participants are not identifiable in the reporting of results, as pseudonyms have been used for identification purposes.

Data Analysis

The data collected from all the interviews were transcribed by the principal investigator. The process of transcription was a key phase of the data analysis as it allowed the researcher to familiarise herself with the data (Braun & Clarke, 2006; Riessman, 1993). Also, close attention to transcribe the data was required and this facilitated the close reading (Braun & Clarke, 2006; Lapadat & Lindsay, 1999). The transcribed data were then read and re-read, and any meanings and patterns were jotted down. Ideas and patterns identified elements which were relevant to the research question and aim. The next phase involved the generation of initial codes. Through the process of coding extracts, data were organised into meaningful groups (Braun & Clarke, 2005; Tuckett, 2005). Codes were identified and then matched up with data extracts and organised into tables in a systematic fashion. In order to facilitate the analysis, each coded data extract was given a number. Following on from this phase, the different numbered coded extracts were sorted into candidate themes. At this phase, mind-maps were used. A collection of potential themes, subthemes, and a list of all

coded extracts of data were produced. The next phase involved the reviewing and refining of themes. All collated extracts for each theme were read again and examined whether they appeared to form a coherent pattern (Braun & Clarke, 2006). Any sub-theme that did not fit in was discarded, and its extracts were collated to an already-existing theme. The next step in this phase involved the consideration of themes in relation to the data set. At this level, the validity of individual themes and the accuracy of the candidate thematic map were considered (Braun & Clarke, 2006). The next phase began once a clear and coherent idea of the various themes and how they fitted together was obtained. Further "define and refine" took place and the "essence" of what each theme was about was identified, as well as what aspect of the data each theme encapsulates was determined (Braun & Clarke, 2006). The final thematic map can be found in Figure 1. The last phase involved the analysis and write-up of the findings which, are presented in the next section.

Results

Thematic Analysis of the data revealed three main themes with eleven associated sub-themes (see Table 5).

The first theme of "Positive Aspects of Service Delivery" summarised the positive views of service providers regarding the service delivery. It includes three sub-themes: "Meridian Practice," "Emerging Refugee Well-being Pathway" and "Community-based Organisations." The sub-themes reflect the specific examples of positive aspects of service delivery that were discussed by participants. The second theme of "Service Challenges" was concerned with the experiences and views of service providers regarding the gaps and challenges in the mental health and well-being services provided for Syrian refugees in Coventry, prior to the establishment of the Swan Centre. It includes three sub-themes: "Discrimination and Context increase Distress," "Interpreting Services," and "Systemic and Service-level Gaps."

The third theme of "Recommendations for Service Improvements and Quality" encapsulated service providers' suggestions regarding service improvements and quality. It includes five sub-themes: "Interpreting Services," "Further Research," "Policy Recommendations," "Service provider Engagement in Tackling Prejudice" and "Service-level Recommendations." The themes and sub-themes will be discussed below. Verbatim quotes from participants' interviews will be utilised to illustrate the themes in more detail.

Positive Aspects of Service Delivery

All eight participants acknowledged that there were positive aspects in current service delivery. Participants referred to the three sub-themes "Meridian Practice," "Emerging Refugee Well-being Pathway" and "Community-based Organisations" as prominent examples.

Meridian Practice

Participants viewed this service in Coventry as a culturally sensitive and responsive service which strives to utilise a holistic approach and recognise the complexities of the refugee population. Ian views the local Meridian Practice as a good service referring to the service's expertise, however, also identifies the barriers in access to the service:

> "…we've got really good refugee focus GP surgery in the city and that's…absolutely fantastic work, really focused, really aware of the levels of trauma refugees have experienced, some of the cultural sensitivities…and so anyone who goes through that generally going to get really good services. Problem is not everyone gets through that and then they don't necessarily get such good services…" (Ian, interview 1)

Emerging Refugee Well-being Pathway

The MRWS (the Swan Centre) has been recognised as a positive development in service delivery. Sam who has been involved in planning the new Swan Centre emphasised the current efforts to improve quality with the establishment of the new service:

> "…the change now that we've got is that actually the environment should be much more likely to be right for refugees. As we are focusing specifically on a small number of people, and we understand their circumstances better, we're going to have a…dedicated room available and indeed we'll go to the Syrian people's homes and we'll go with an interpreter…we are in contact with the Council who manage the Syrian Resettlement process and so we are very unlikely to let anybody slip through the net…" (Sam, interview 5)

Community-based Organisations

Importantly, participants recognised the contribution of community-based organisations in offering specialised services, despite their extremely long waiting lists. An evident example was given by Vicky, a General Practitioner (GP):

> "…Coventry Rape and Sexual Abuse Centre in our experience is an absolutely excellent specialised service for that category of mental health problems. The problem is although they'd do an assessment often about within 6 weeks something like that, 6 to 8 weeks, they have waiting list of 9 to 12 months." (Vicky, interview 2)

Service Challenges

All eight participants talked about specific challenges and gaps in the current mental health and well-being services provided for Syrian refugees in the region. Participants identified "Discrimination and Context increases Distress," "Interpreting Services" and "Systemic and Service-level Gaps" as the main challenges.

Discrimination and Context increase Distress

Vicky talked about bias arising from service providers and explained:

> "…I think I've even heard some mental health CPNs[2] say…I think there's bias against…there's a devaluation of their experiences and a kind of cynicism." (Vicky, interview 2)

Also, George, a Psychologist, emphasised the unwillingness and avoidance of mental health staff to work with this population and stated:

> "…And I think the process of referring out kind of reinforces this kind of 'not us' kind of idea I suppose that the health service can't deal with refugees and somehow they belong somewhere else, and they don't belong within the statutory system." (George, focus-group 1)

Interpreting Services

All eight participants talked about gaps in interpreting services. Issues regarding the interpreter's origin, confidentiality, lack of knowledge of mental health and training, punctuality and consistency, availability, gender, and the risk of vicarious trauma with interpreters were discussed. George talked about the impact that the interpreter's origin can have on the trust and accuracy of the interpretation and said:

> "…I've fallen foul of this myself even with attempts to plan to avoid this, you get a Syrian from the wrong tribe or background and it makes a massive difference in terms of trust, of accuracy of the interpretation…the idea that somebody speaks the same language will make it okay just isn't the case." (George, focus-group 1)

Furthermore, Mary, a Consultant in Public Health, noted the issues of lack of experience and consistency in interpreters:

[2] Community Psychiatric Nurses (CPNs).

> "…we can find that the interpreters are inexperienced, sometimes they don't turn up which is not good…" (Mary, interview 4)

Sam, a Consultant-Lead Clinical Psychologist, further indicated the risk of vicarious trauma in interpreters:

> "…There's another issue as well about…trauma, vicarious in the interpreters themselves…" (Sam, interview 5)

Ester, a Psychotherapy Lead also highlighted issues regarding the lack of availability of interpreters, especially within the Child and Adolescent Mental Health Services (CAMHS) where constant communication with parents is sometimes required. She acknowledged that the lack of resource was a determining factor for the limited availability. Additionally, she highlighted confidentiality as a great challenge, giving an example in CAMHS (see Appendix A in Supplementary Material). Vicky also raised issues regarding the importance of considering the gender of the interpreter, as well as their qualifications and background which impact the quality of the interpretation (see Appendix A in Supplementary Material).

Systemic and Service-level Gaps

All eight participants identified systemic and service-level gaps in the existing provision. Ian pointed out the system's contribution in exacerbating Syrian refugees' symptoms and said:

> "…a lot of what we do to refugees in the country is add trauma rather than support through the trauma, so they've already fled." (Ian, interview 1)

Participants talked about various service-level gaps which, seemed to be universal in the local services. There was a consensus about the lack of expertise in mental health services and Lisa specifically talked about the lack of knowledge and cultural sensitivity. Further, George raised doubts about the appropriateness of western treatment modalities when working with Syrian refugees and emphasised the lack to

consider family context in some situations. Additionally, participants talked about practical issues, like the long waiting lists and obstacles in accessing certain services, like the "Improving Access to Psychological Therapies" (IAPT) Service, despite the service being appropriate for the client at the given time (see Appendix B in Supplementary Material). Importantly, George addressed the absence of a holistic care plan:

> "…I think the complexity doesn't necessarily fit with the way that services are designed. Services tend to look in individual boxes…that service don't really get their needs adequately met." (George, focus-group 1)

Although participants showed agreement in their responses about the service-level gaps, two of the eight participants currently working in CAMHS talked about additional gaps which were specific to CAMHS:

> "…there's a gap…in terms for…unaccompanied, separated children…, we're just seeing those young people within the 'looked after children's' system and service, which some of that…provision is…can be similar, but some of it is very very different…so it doesn't…cover the need…, I don't think at the minute." (Anna, focus-group 2)

Recommendations for Service Improvements and Quality

The third main theme of "Recommendations for Service Improvements and Quality" emerged from the analysis and was concerned with participants' suggestions for improvements in service provision. All participants provided information to support the sub-themes of "Interpreting Services," "Further Research," "Policy Recommendations," "Service provider Engagement in Tackling Prejudice" and "Service-level Recommendations."

Interpreting Services

All eight participants made suggestions for improving interpreting services. Lisa suggested training to improve the quality of interpretation and said:

> "…in order for your therapy or service provision to be effective and of good quality, you need very good…quality, well trained, gender-sensitive interpreters." (Lisa, focus-group 1)

George drew attention to the importance of allowing time to debrief the interpreter and said:

> "The good practice with interpreting sessions is probably 20 minutes before, 20 minutes afterwards something like that, in terms of a debrief, ensuring that interpreters aren't traumatised, that they've understood the goals that you've actually…. that the translation that's been given is consistent with your understanding and that the terminology…is okay…that…the aims of the session before hand are properly explained." (George, focus-group 1)

Additionally, Sam suggested the use of telephone interpreting services, highlighting that some people prefer this choice because of the anonymity it offers:

> "…some…people almost prefer that in a way because it feels more anonymous…and they don't have of the same worries that I've just referred to earlier." (Sam, interview 5)

Future Research

A recommendation for future research and development was to explore the experiences and views of Syrian service users. George highlighted the importance of considering service users' views when evaluating the service provided to them, as well as identifying the gaps and challenges and stated:

"…Part of the answer is we don't know because we haven't asked them…"

(George, focus-group 1)

Policy Recommendations

Mary recognised that additional funding was vital to be able to establish a new specialised service that will meet the needs of Syrian refugees. Mary explained as follows:

"…it was going to be difficult…to try to establish a new service or to try to meet the needs of …Syrian refugees if we didn't look at…some additional funding and additional…resource for the service…" (Mary, interview 4)

Moreover, Ian talked about a humane system which treats refugees as "legitimate":

"…the system needs to be a much more humane system…" (Ian, interview 1)

Lisa argued that the new MRWS should extend in the future by responding to the needs of all refugees regardless of whether they are under the VPRS or not and stated:

"…this is a very limited…it's been funded from this pot of money for the Syrian Resettlement Scheme…but for me, there's a big issue around equating services, so our aim would be to evaluate and then feedback…to the Home Office…what's working, what's not working…so, argue for more resources. But if it's working, it's also argued that resources are given to all refugees." (Lisa, focus-group 1)

Service Provider Engagement in Tackling Prejudice

The engagement of various service providers and the role of society in tackling prejudice was given special value in participants' responses as Sam explained:

"…We need awareness raising, at the lowest level we need awareness raising in the system…about the plight of Syrian people and how…we can best support their mental health…needs…and that can be through job centres, Citizens Advice, and health services, GP practices, the points at which Syrian people

would come into contact with the public services. That's where we need to raise the awareness, schools…" (Sam, interview 5)

Service-level Recommendations

All participants made proposals for the establishment and continued improvement of holistic, culturally and gender-sensitive mental health and well-being services for Syrian refugees. Lisa made the following recommendations which sum up the most important key points by stating:

"…a model that recognises the impact of traumatic experiences as normal responses, not labelling and viewing people as…resilient…providing very good screening, assessment, and treatment of people who have suffered very bad …because…recovering the body and mind go hand-in-hand… so…the physical approach as well…being sensitive to stigma and shame…there are lots of reason why people won't come to services because of stigma and shame…making sure we have quality interpreters, training…trying to change attitude…trying to also have…positive things to do with…refugees, projects…engagement of refugees, and projects like…re-decorating the building…doing positive things together…, normal things…so engaging Syrian people… more funding and resources is key…" (Lisa, focus-group 1)

Anna suggested the adoption of the "Scottish Guardianship Service" which, supports children and young people who have been separated from their parents and provides advice, guidance, and one-to-one support (see Appendix C in Supplementary Material).

Additionally, Ester focused on the importance of securing children's basic needs before therapeutic intervention and said:

> "What we ideally want…it's the most effective way clinically to work is to wait until social care, housing, everybody else's sorted these things out. And then we can work with them." (Ester, focus-group 2)

Summary of Findings and Discussion

This research investigated service providers' experiences and views regarding the mental health and well-being services for Syrian refugees in Coventry and Warwickshire, prior to the establishment of the Swan Centre refugee well-being service. Thematic Analysis of the data revealed three main themes; "Positive Aspects of Service Delivery," "Service Challenges" and "Recommendations for Service Improvement and Quality." These will be now explored within the context of the present study's aims and in relation to existing literature.

As it was previously argued that even when mental health and psychosocial support services are available, Syrian refugees may still encounter obstacles in accessing them (Hassan et al., 2016). In this respect, the current study brought to light several systemic and service-level gaps in the existing services, as well as issues in interpreting services. Findings revealed gaps in the existing provision, including the lack of expertise, knowledge and cultural sensitivity, obstacles in accessing certain services, including the IAPT Primary Care Psychology Service and prejudice and discrimination from some service providers. In line with the present findings, earlier research in the same region reported that refugees found obstacles to mental health services (Valentine et al., 2016). These included low standard of service provision, delays in being seen, barriers to access and having to seek assistance through interpreters. Similarly, in a recent scoping review, which included semi-structured interviews with stakeholders from NGOs, NHS, academia and community groups in the UK, authors concluded that whilst mental health support for refugees and asylum-seekers is

crucial, both access and quality of mental healthcare for this group is limited (Pollard & Howard, 2021).

In addition, the current study highlighted that the interpreter's background can have a negative impact on the helping relationship. In line with this finding, previous research reported that using interpreters from the network of the client can be problematic in the context of psychosocial interventions because of confidentiality and potential risk of vicarious trauma and the current study also supports this (Sijbrandij et al., 2017).

Also, "Discrimination and Context increase Distress" was identified as another challenge in services. Likewise, previous qualitative research reported that refugees experienced discrimination because of their race, religion, or immigration status from practitioners in the NHS (Kang et al., 2019). Further, Allsopp et al. (2014) argued that racial and ethnic disparities still persist in access to healthcare. In their review, Hassan et al. (2016) stressed the importance of the context of service delivery. It was argued that psychosocial programmes can facilitate access and reduce stigma if they are provided in non-psychiatric settings for instance through women's groups, child-friendly settings, and schools. Additionally, safe spaces are particularly necessary for refugee survivors of violence and abuse; and can enable them to discuss private and personal issues, including emotions and life changes, as well as more sensitive concerns including domestic violence (Hassan et al., 2016; Mercy Corps, 2014).

All the participants made suggestions for future improvements in mental health, well-being and interpreting services including policy recommendations. Participants recommended the use of a comprehensive approach in services which will holistically respond to the health and well-being needs of Syrian refugees. In the same manner, earlier research findings demonstrated that the use of holistic frameworks for the design and delivery of services were more appropriate for conflict-affected populations coming from non-western cultures

(Allsopp et al., 2014; Liebling-Kalifani et al., 2008; Liebling-Kalifani et al., 2009; Palmer & Ward, 2007; Watters, 2001). Therapy is unlikely to be effective if refugees' needs are not adequately addressed holistically including in areas such as housing, welfare issues, finances, advocacy work and social activities (Allsopp et al., 2014; Chantler, 2012; Watters, 2001).

Participants in the present study stressed the importance of training for interpreters, as well as providing adequate debriefing. Previous research provided additional evidence for the present finding as it suggested that mental health practitioners should ensure that interpreters are well-trained, as well as be conscious of the potential stress for interpreters and provide debriefing after the interview, with follow-up if deemed necessary (Hassan et al., 2016; Holmgren et al., 2003; Tribe & Morrissey, 2004). Moreover, the present findings stressed the lack of Arabic women interpreters, as well as the importance of having gender-sensitive interpreters for psychosocial interventions. In a similar fashion, it was previously postulated that matching an interpreter and client for gender, age and religion was often helpful particularly in consultations or meetings concerning a sexual assault or domestic violence (Nijad, 2003; Patel, 2003; Tribe & Morrissey, 2004). In addition to interpreters' training, Tribe (2017) places emphasis on health-workers' training in working with interpreters. Building a relationship of mutual respect and trust is essential between health-workers, interpreters, and patients (Brandenberger et al., 2019; Tribe, 2017).

Policy recommendations included the need for additional funding to implement the new pilot MRWS, as well as extending the specialist pathway and services for all refugees, regardless of whether they are under the VPRS or not. Importantly, in the Migrant Needs' Assessment report of the Coventry City Council (2018), the commission and provision of specialist mental health services, particularly for vulnerable migrants and children was made as a cross-cutting recommendation and set as one of the main priorities for migrants in the region (Phillips et al., 2018). In line with this, Pollard and Howard (2021) call for the need

for time sensitive and culturally appropriate approaches for refugees and asylum-seekers, as well as additional funding and resource support from the UK Government.

In 2019, the Home Office announced the renewal and extension of its scheme, committing to accepting approximately 5000 refugees between 2020 and 2021, whilst it confirmed that people from other countries facing conflict would be included in the scheme (May, 2019). Despite this, the resettlement of refugees was paused in March 2020 amidst the unprecedented restrictions due to the COVID-19 pandemic. Arrivals recommenced in December 2020 and the last refugees arrived in February 2021. The final number of refugees who arrived in the UK under the VPRS between 2014 and 2021 was 20319. The Home Office has committed to continue to offer refuge for refugees in need under the new UK Resettlement Scheme (UKRS), Community Sponsorship and Mandate Resettlement Scheme (UK Visas and Immigration, 2021). This reiterates the need to improve service provision to respond to the needs of the newcomers adequately and effectively.

Implications for Clinical Practice

The findings from this research offer new insights and significant contributions to identifying and understanding the challenges and gaps in the existing provision for Syrian refugees in Coventry.

The findings suggest that although there are significant positive aspects and developments in service delivery, including the Meridian Practice, the new Refugee Well-Being Services, and the contributions of community-based organisations, including the Coventry Refugee and Migrant Centre. However, systemic, and service-level gaps, as well as gaps in interpreting services still influence the quality of the services for Syrian refugees in Coventry. In addition, the discrimination that refugees may face in services may act as a "post-migration stressor" and contribute to additional stress and isolation (Hassan et al., 2016). These results link well with previous studies,

which indicated that refugees' mental health problems could be improved if providers' attitudes, socio-economic and cultural barriers, the hostile environment and increasing constraints due to Brexit could be adequately addressed (Hiam & McKee, 2018; Pollard & Howard, 2021).

Therefore, to tackle the abovementioned gaps and challenges in the existing provision, it would be helpful for service providers and policymakers to be supported in finding new ways of improving the quality of services which would be sensitive and responsive to the complex needs and culture of vulnerable populations and have more positive outcomes. For instance, improving the social determinants of psychological distress, including poor housing and financial stability for refugee families can reduce the extra burden on NHS and mental health providers. Poor social circumstances are linked to psychological distress which in turn place a heavy burden on mental health services (Murphy & Vieten, 2017; Pollard & Howard, 2021; Quinn, 2014). Good mental health practice needs to include the promotion of social integration of refugees, as social isolation and unemployment have been associated with a higher prevalence of mental disorders in this population (Bogic et al., 2015; WHO, 2018). Cultural adaptations of evidence-based mental health interventions and provider training can assist mental health professionals in responding to the needs of this vulnerable group. Furthermore, connecting service users with providers from similar backgrounds can be a way to improve service capacity (Pollard & Howard, 2021; Strang & Quinn, 2019). The use of telephone interpreting services was made as a recommendation, due to the anonymity it offers and as an appropriate forum in light of the COVID-19 situation. Such tools can be used as substitutes for face-to-face interpretation and are a valuable tool, especially during this COVID-19 era.

Limitations and Recommendations for Future Research

This research was restricted to the experiences and views of eight service providers working in CWPT, Public Health and Coventry University. Although the research findings provided significant data from white-identified service providers' experiences and views on the existing services provided for Syrian refugees in Coventry, the research lacks important contributions from the service user perspectives. Future research would benefit from meaningful service user involvement (Minogue & Girdlestone, 2010) to adequately identify their own lived experiences and well-being needs including their views of improvements to current services to enhance their well-being, health, and resilience.

There were some issues raised in the interviews that were beyond the scope of this research. Participants identified gaps and challenges in service provision for asylum-seekers, as well as non-Syrian refugees and results demonstrated that there are several differences in the service responses to these populations. Future research also needs to investigate the experiences of mental health and well-being services provided for asylum-seekers and other groups of refugees who are not included within the Syrian vulnerable person's resettlement scheme.

Reflexivity

The author's active involvement meant that the data collected were co-created with participants (Banister et al., 2011). Thus, reflective practice was imperative throughout the research. The first author is a woman, white and cisgender who was a graduate Master's student at the University of Warwick at the time of the research and worked as an honorary assistant psychologist at the local NHS Trust. She led the data collection and analysis, is fluent in English, which allowed for the participants to feel comfortable sharing their experiences and views in a way they felt could best express

their thoughts and feelings. The researcher's location was informed by several influences notably her own past experiences of refugees. Her academic and research interests revolve around social change towards more equitable and psychologically healthier societies which are more socially just and peaceful. Hence, her approach to knowledge generation assumed that exploring service providers' experiences reflected the existing service provision for Syrian refugees which needed to be better understood. During the research, the researcher kept a diary, met regularly with the team of researchers and practitioners, and discussed the data to ensure that her own subjectivity was managed.

Conclusion

Despite its limitations, this study makes a unique contribution to the understanding of the existing mental health provision for Syrian refugees in Coventry and Warwickshire, UK. Although the study largely confirms existing literature providing further evidence that refugees face barriers in attending existing services, it also reveals novel findings. This research was fully engaged with service providers who either provided or planned provision of services to refugees and particularly Syrian refugees in the re-settlement scheme. It is the first known study to explore the experiences of mental health and well-being services for Syrian refugees in this region. The findings demonstrate that there are several systemic and service-level gaps in the existing services and interpreting services. The use of a more integrated/ holistic approach connecting physical, mental, and social care in services was recommended by those I interviewed. The importance of training for interpreters and the provision of sufficient debriefing has also been advised. Participants from Child and Adolescent Mental Health Services (CAMHS) underlined additional gaps which are specific to Children's Services. It is recommended that greater emphasis is placed on promoting

refugees' resilience and psychological well-being through supporting greater social integration and taking action to improve refugees' lives to reduce and prevent mental health problems.

Tables and Figures

Table 1.

Research Questions

- What are the service providers' experiences of the current mental health and well-being services provided?
- Does the existing service provision enhance refugee resilience by using a holistic approach?
- To what extent do the mental health services utilise compassion, gender sensitivity and sensitivity in their responses?
- What are the current gaps in the mental health and well-being service provision and what could be improved?

Table 2.

Participant Demographics

Gender	Male	3
	Female	5
Age group	35-45	3
	45-55	3
	55-65	1
	65+	1
Ethnicity category	White	8
Job titles	General Practitioner in Medical Practice	1
	Assistant Professor	1
	Senior Lecturer-Practitioner in Clinical Psychology	1
	Psychological Therapist	1
	Consultant in Public Health	1
	Consultant Clinical Psychologist (Lead)	1
	Psychotherapy Lead	1
	Professional Lead	
Length of time in position	Range	16
	Mean	8.5 years

Table 3.

Interview schedule questions

Question 1	Could you tell me about your work with refugees, particularly Syrian refugees?
Question 2	What do you think are the mental health and well-being needs of Syrian refugees?
Question 3	What are you experiences of the current well-being and mental health services for refugees, particularly Syrian refugees living in Coventry?
Question 4	What are you views of the current services for refugees, particularly Syrian refugees?
Question 5	What do you feel helps refugees, particularly Syrian refugees manage their difficulties?
Question 6	What are the reasons refugees, particularly Syrian refugees may not be able to manage their difficulties?
Question 7	Do you feel current mental health and well-being services are sensitive to refugees', particularly Syrian refugees' needs?
Question 8	What are your experiences of the service responses to refugees, particularly Syrian refugees?
Question 9	What are your experiences of working with interpreters?
Question 10	What are your views regarding cultural sensitivity of services for refugees, particularly Syrian refugees?
Question 11	What do you feel are the current gaps in mental health and well-being services for refugees, particularly Syrian refugees?
Question 12	What do you feel would improve the quality of mental health and well-being services and policy for refugees, particularly Syrian refugees? What could be done differently?
Question 13	Is there anything else you think it is important for me to know about your experiences of supporting and working with refugees, particularly Syrian refugees?

Table 4.

Interview schedule questions' prompts

Question 1	Well-being needs; Well-being services; Mental health needs; Mental health services; Holistic service provision (e.g., accommodation, legal advice, social services); Do you think these issues are different for Syrians?
Question 2	No prompts were used.
Question 3	Well-being needs; Well-being services; Mental health needs; Mental health services; Trauma informed services; Holistic service provision (e.g., accommodation, legal advice, social services); Creative approaches (e.g., art, music, drama)
Question 4	Do they enhance resilience?; Do they use a holistic approach? (e.g., joined up, thinking about a range of services (legal, housing, physical health, mental health)) and how they work together?; Facilities (e.g., access to rooms)
Question 5	Resilience; Family support; Counselling; Cultural/customary support structures; Voluntary organisations; Legal support; Government support; Interpreters; Secure accommodation
Question 6	No prompts were used.
Question 7	Are they compassionate?; Are they gender sensitive? (e.g., do they take into account gender?); Do they listen?; Do they ask about refugees' experiences?; Are services sensitive to stigma/shame?; Do they help Syrian refugees to trust?
Question 8	No prompts were used.
Question 9	Availability; Sensitivity; Knowledge of mental health/well-being issues of refugees
Question 10	To what extent do they involve local structures and refugees' families in resolving their problems?
Question 11	No prompts were used.
Question 12	No prompts were used.
Question 13	No prompts were used.

Figure 1.

Final Thematic Map after defining and refining

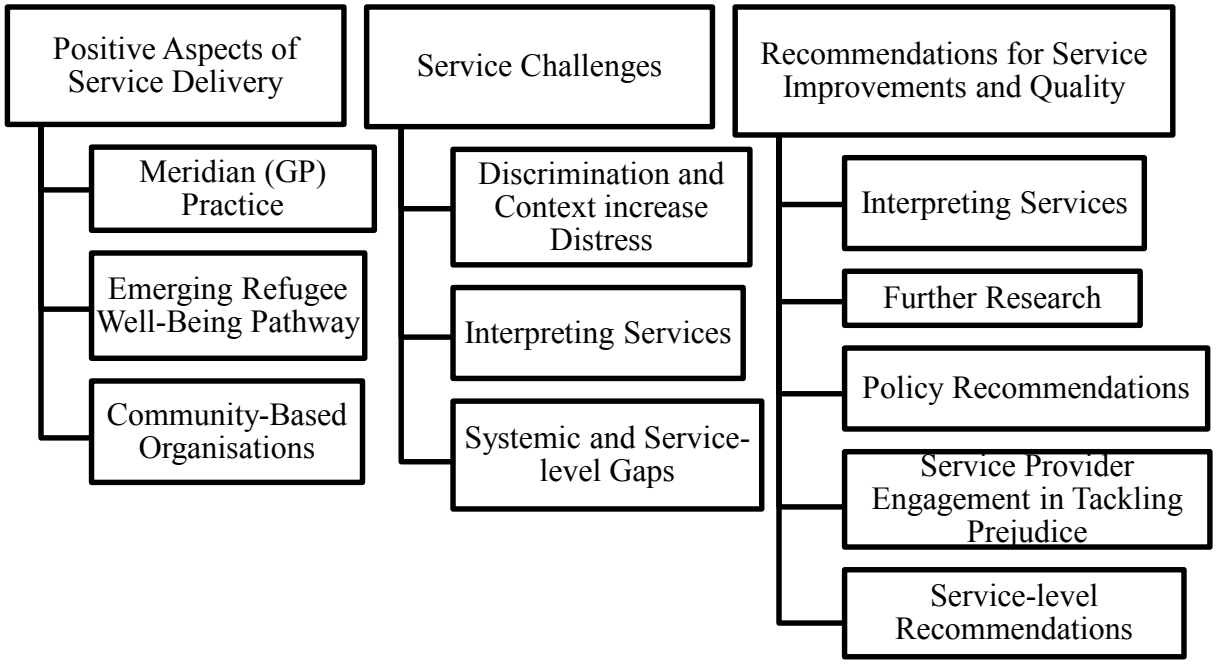

Table 5.

Main Themes	*Subthemes*
Positive Aspects of Service Delivery	- Meridian (GP) Practice - Emerging Refugee Well-being Pathway - Community-Based Organisations
Service Challenges	- Discrimination and Context increase Distress - Interpreting Services - Systemic and Service-level Gaps
Recommendations for Service Improvements and Quality	- Interpreting Services - Further Research - Policy Recommendations - Service Provider Engagement in Tackling Prejudice - Service-level Recommendations

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